

DEC 19 2005

FORM PTO-1083

Attorney Docket No.: 101.0084-02000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 09/921,851

Filed: August 3, 2001

For: METHOD FOR FORMING A SPINAL
IMPLANT SURFACE CONFIGURATION (as
amended)

Confirmation No.: 8299

Group Art Unit: 3738

Examiner: Bruce Snow

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Request for Continued Examination (RCE) and Amendment in response to the Final Office Action dated May 20, 2004 in the above-identified application.

- ☐ No additional fee is required.
- ☒ Applicant hereby requests a one-month extension of time to respond to the above office action.
- ☒ A Terminal Disclaimer is enclosed.
- ☒ An Information Disclosure Statement with Form PTO-1449 and 2 documents are enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	57	-	54**	3	LG=\$50 SM=\$25	\$50 \$ 150
INDEPENDENT CLAIMS FEE	4	-	4***	0	LG=\$200 SM=\$100	\$200 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$ 0
TOTAL						\$ 150

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.


** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ The total amount of \$1,190.00 to cover the \$120 one-month extension fee, \$790 Request for Continued Examination (RCE) fee, \$130 Terminal Disclaimer fee, and \$150 additional claims fee is to be charged to Deposit Account No. 50-1068.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
MARTIN & FERRARO, LLP

Date: December 19, 2004

By: 
Thomas H. Marlin
Registration No. 34,383

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FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop RCE
Group Art Unit 3738/Examiner Bruce Snow

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 09/921,851
Gary K. Michelson
Filed: August 3, 2001
METHOD FOR FORMING A SPINAL IMPLANT
SURFACE CONFIGURATION
Attorney Docket No. 101.0084-02000
Customer No. 22882
Confirmation No.: 8299

FROM:

Name: Thomas H. Martin, Esq.

Phone No.: 330-877-2277

No. of Pages (including this): 39

Date: December 19, 2005

Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$1190.00 total amount to cover the \$120 one-month extension fee, \$790 RCE fee, \$130 Terminal Disclaimer fee, and \$150 additional claims fee is to be charged to Deposit Account No. 50-1068), Request for Continued Examination (RCE), Amendment, Terminal Disclaimer, and Information Disclosure Statement with Form PTO-1449 and two documents are being facsimile transmitted to the U.S. Patent and Trademark Office on December 19, 2005.


Sandra L. Blackmon

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Respectfully submitted,
MARTIN & FERRARO, LLP

Date: December 19, 2004

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